

1. APPLICANT DATA

Please fill in the fields below. Fields with asterisks are required.

Organization Type *

- ☐ Performing Arts Venue
☐ Performing Arts Production Entity
☐ Both

Organization Legal Status *

- ☐ For Profit
☐ Nonprofit
☐ School/University
☐ Municipal

Please choose all that apply.

Official IRS Name of Applicant *

Organization Email Address *

Street/PO Box *

City/Town *

State *

Applicant organizations must be physically located in New Hampshire, not just incorporated in the state.

Zip *

Daytime Phone *

Website or Creative Ground profile that provides examples of recent programming *

DUNS Number *

A DUNS Number is required of all applicants and must match the applicant name. Visit this link for information: <http://www.dnb.com/get-a-duns-number.html>

Unique Entity Identifier (UEI) Number

A UEI will be required for funds to be disbursed. Visit this link for information: <https://www.nh.gov/nharts/grants/basics/uei.htm>

Authorized Official's Name and Title *

Authorized Official's Email Address *

Choose a code for arts discipline (primary area of applicant's work). *

Effective advocacy for public arts funding requires accurate data. The National Endowment for the Arts and the National Assembly of State Arts Agencies have established codes that help track trends in public arts funding. Please choose the appropriate code for the applicant organization. If you receive a grant, you will also be required to choose the appropriate codes on your Final Report Form.

If you have questions on how to apply these codes, please contact the administrator of your grant.

☐ Verification of at least one year of arts programming *

By checking this box, you verify that the applicant organization has had at least one year of arts programming prior to this application.

Year founded *

Year incorporated in NH *

Year granted IRS Exemption (if applicable)

Number of paid full-time administrative staff *

Number of paid part-time administrative staff *

Number of paid full-time artistic staff *

Number of paid part-time artistic staff *

Number of paid full-time technical staff *

Number of paid part-time technical staff *

Number of volunteers *

Fiscal Summary

Please provide actual figures for the last completed fiscal year.

Dates of most recently completed fiscal year *

From - To

Total income *

Total expense *

2. CONTACT PERSON/SITE COORDINATOR

Please fill out only if different from the Authorized Official above.

Official IRS Name (if different from above)

Email Address

Street/PO Box

City/Town

State

Please choose one from dropdown list.

Zip

Daytime Phone

Fax

Website

3. GRANT REQUEST INFORMATION

Grant Request *

Please enter the dollar amount of your request.

Grant Request Purpose *

- ☐ Revenue Support (due to decreased ticket sales and/or venue rentals)
☐ Personnel Costs
☐ Facilities Costs
☐ Health and Safety Costs
☐ Marketing and Promotion Costs

Please choose all that apply.

4. DOCUMENT UPLOADS

Please consult the [grant guidelines](#) and upload documents in the appropriate areas.

A. Narrative Questions *

Choose File

Upload a file. No files have been attached yet.

Acceptable file types: .pdf, .doc, .docx, .rtf

Please prepare your narrative questions according to the [grant guidelines](#), and upload the file here. We prefer PDF files.

B. Budget Form *

Choose File

Upload a file. No files have been attached yet.

Acceptable file types: .pdf, .xls, .xlsx

Please visit this link to access the budget form: <https://www.nh.gov/nharts/grants/sogs.htm>

The form is available in MS Excel and PDF formats and may be uploaded in either format (we prefer that you use the Excel version and upload it as a PDF. See budget form video tutorial here: <https://www.nh.gov/nharts/grants/sogs.htm>)

C. Organization Financial Reports *

Choose File

Select up to 2 files to attach. No files have been attached yet. You may add 2 more files.

Acceptable file types: .csv, .doc, .docx, .odt, .pdf, .rtf, .txt, .wpd, .wpf, .gif, .jpg, .jpeg, .png, .svg, .tif, .tiff, .xls, .xlsx, .zip

Please upload documentation of any awards received in **2021**, if applicable:

- State of NH-administered CARES Act or American Rescue Plan Act (ARPA) funds (including funds administered by the [New Hampshire State Council on the Arts](#))
- County- or municipality-administered CARES Act or American Rescue Plan Act (ARPA) funds
- Federal [Paycheck Protection Program](#) (PPP)
- Federal [Economic Injury Disaster Loan](#) (EIDL) or [Advance](#)
- Other Federal CARES Act or American Rescue Plan Act (ARPA) programs

We prefer PDF files. Multiple files may be zipped.

E. Current Board of Directors/Advisory Committee list (nonprofit, university-based or municipal applicants only)

Choose File

Upload a file. No files have been attached yet.

Acceptable file types: .pdf, .doc, .docx, .rtf, .jpg, .jpeg, .png, .zip, .ppt

Please include terms of service. We prefer PDF files.

F. Documentation of venue size(s) *

Choose File

Select up to 10 files to attach. No files have been attached yet. You may add 10 more files.

Acceptable file types: .csv, .doc, .docx, .odt, .pdf, .rtf, .txt, .wpd, .wpf, .gif, .jpg, .jpeg, .png, .svg, .tif, .tiff, .zip

We prefer PDF files. Multiple files may be zipped.

G. Documentation of losses during the period March 3, 2021 – December 31, 2021 as entered on the budget form *

Choose File

Select up to 10 files to attach. No files have been attached yet. You may add 10 more files.

Acceptable file types: .doc, .docx, .pdf, .rtf, .gif, .jpg, .jpeg, .png, .svg, .tif, .tiff, .zip

Examples: correspondence regarding artist/show cancellations, ticket sales documentation, proof of capital expenditures, increased personnel costs, health and safety costs, and/or marketing/promotional costs. Account numbers should be redacted. We prefer PDF files. Multiple files may be zipped.

H. Documentation of COVID-19 policies that contribute/contributed to reduced revenue (if applicable)

Choose File

Select up to 10 files to attach. No files have been attached yet. You may add 10 more files.

Acceptable file types: .doc, .docx, .pdf, .rtf, .gif, .jpg, .jpeg, .png, .ppt, .pptx, .zip

Examples: venue publicly posted policies, artist/show contracts, etc. Account numbers and personal information should be redacted. We prefer PDF files. Multiple files may be zipped.

I. Results of audience surveys your organization has conducted (if applicable)

Choose File

Select up to 5 files to attach. No files have been attached yet. You may add 5 more files.

Acceptable file types: .doc, .docx, .pdf, .rtf, .jpg, .jpeg, .ppt, .pptx, .zip

We prefer PDF files. Multiple files may be zipped.

J. Marketing/promotional materials created during the period March 3, 2021 – December 31, 2021 (if applicable)

Choose File

Select up to 10 files to attach. No files have been attached yet. You may add 10 more files.

Acceptable file types: .csv, .doc, .docx, .odt, .pdf, .rtf, .txt, .wpd, .wpf, .gif, .jpg, .jpeg, .png, .svg, .tif, .tiff, .aac, .aiff, .flac, .m4a, .mp3, .ogg, .wav, .wma, .3gp, .avi, .flv, .m4v, .mkv, .mov, .mp4, .mpg, .webm, .wmv, .ppt, .pptx, .zip

We prefer PDF files. Multiple files may be zipped. You may upload audio and video, but we prefer links, not files.

K. Documentation of most recent season *

Choose File

Select up to 10 files to attach. No files have been attached yet. You may add 10 more files.

Acceptable file types: .csv, .doc, .docx, .odt, .pdf, .rtf, .txt, .wpd, .wpf, .gif, .jpg, .jpeg, .png, .svg, .tif, .tiff, .ppt, .pptx, .zip

Examples: playbills, brochures, website screenshots, etc. We prefer PDF files. Multiple files may be zipped.

L. Most recently filed IRS Form 990, Federal Tax Return or Annual Audit *

Choose File

Upload a file. No files have been attached yet.

Acceptable file types: .pdf, .doc, .docx, .rtf

We prefer PDF files.

5. CERTIFICATION *

- ☐ Agree

This serves as your electronic signature. The name/title information you provide should be the person you want to be contacted regarding the status of your grant.

I do hereby certify that all of the figures, facts and representations made in this application and its attachments are true and correct to the best of my knowledge and belief. Any grant funds received in connection with this application will be expended as described and any changes in the budget or purpose of this application will be submitted in writing for approval.

By checking the "Agree" box, the Applicant hereby agrees to comply with Title VI of the Civil Rights Act of 1964; Section 504 of the Rehabilitation Act of 1973, as amended; Title IX of the Education Amendments of 1972 (where applicable); Title 29 (Part 505) of the Code of Federal Regulations (governing fair labor practices); the Age Discrimination Act of 1975; the U.S.C. Sec. 1913 regulating lobbying with appropriated monies; the Drug-Free Workplace Act of 1988; and the Americans with Disabilities Act of 1990; as well as all regulations of the National Endowment for the Arts pursuant to these statutes & regulations described in OMB circulars A-102 and A-87, Cost Principles.

Name *

Please type your name.

Title *

Please type your title.